


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Jun 08, 1999 8:00 am**  
**Secretary of State**

06-08-1999 90012 007 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J35433**

1. Corporation Name  
**MLI OF JAX, INC.**

Principal Place of Business 6033 BEACH BLVD. JACKSONVILLE FL 32216	Mailing Address 8048 W NEW HAVEN AVE MELBOURNE FL 32901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>202 West Drive</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>202 West Drive</b> Suite, Apt. #, etc. 27
City & State 23 <b>Melbourne FL</b>	City & State 28 <b>Melbourne FL</b>
Zip Country 24 <b>32904</b> 25 <b>USA</b>	Zip Country 29 <b>32904</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>09/29/1986</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2718803</b>	<b>\$8.75</b> Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**NOWLIN, MICHAEL A.**  
**12715 CORMORANT COVE LANE**  
**JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name <b>Nowlin, Michael A</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>202 West Drive</b>
83
84 City <b>Melbourne</b> FL 85 Zip Code <b>32904</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>NOWLIN, MICHAEL A.</b>	
STREET ADDRESS	<b>12715 CORMORANT COVE LAN</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BOMHOLD, ROY</b>	
STREET ADDRESS	<b>1760 PAPAYA DRIVE WEST</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>Bomhold, Virginia</b>	
STREET ADDRESS	<b>1750 Plantation Circle SE</b>	
CITY-ST-ZIP	<b>Palm Bay FL 32909</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Nowlin, Michael A</b>	
1.3 STREET ADDRESS	<b>202 West Drive</b>	
1.4 CITY-ST-ZIP	<b>Melbourne, FL 32904</b>	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bomhold, Roy</b>	
2.3 STREET ADDRESS	<b>1750 Plantation Circle SE</b>	
2.4 CITY-ST-ZIP	<b>Palm Bay FL 32909</b>	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Bomhold, Virginia</b>	
3.3 STREET ADDRESS	<b>1750 Plantation Circle SE</b>	
3.4 CITY-ST-ZIP	<b>Palm Bay FL 32909</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia Bomhold Secretary Date: 5-26-99 Daytime Phone #: 407-724-9270

CR2E034 (11/98)